No. W 96217	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	ADMIN DISSOLVED 12/04/2012 1. Mailing Address: Correct in this box if needed. PROJECT ZEN ONLINE, LLC RAGNA TENEYCK	RAGNA TENEYCK 2923 S HOLDEN AVE BOISE ID 83706
REINSTATEMENT FEE DUE: \$30.00	210 E S7TH ST UNIT 8 GARDEN CITY 10 83714 2923 S Holden Ace Boise, ID 83706	3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member Angua Ten Eyck 2923 5 Molden Boise ID 83706 Manager Member Dames Schmidt 2923 5 Molden Boise ID 83706 Manager Member Member Member Member Member Member		
5. Organized Under the Laws IDAHO W 96217 ssued 01/31/2013 by PEH	Sof: 6. Signature: Name (type of print): Ragna Ten Eye K	Date: 3/4/13 Title: Memba

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM